STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45844 Based on observation, interview and document review, the facility failed to ensure dignity was maintained for 1 of 1 resident (R26) who utilized an indwelling catheter. Findings include: R26's quarterly Minimum Data Set (MDS) dated [DATE], identified cognitive portion of the MDS was not completed. Identified R26 had diagnoses which included Alzheimer, neurogenic bladder (a condition that affects the bladder's ability to function properly due to damage or dysfunction in the nerves that control it), and benign prostatic hyperplasia (BPH) (enlarged prostate). MDS lacked information regarding R26's indwelling catheter. R26's annual Care Area Assessment (CAA) dated 9/11/24, identified R16 required required extensive assistance with toileting. Indicated R7 had an indwelling catheter related to urinary retention (unable to completely empty the bladder) and BPH. R26's care plan revised 4/1/24, identified R26 had an indwelling catheter due to urinary retention. Care plan identified catheter bag should have been covered at all times for dignity. R26's care sheet undated, identified R26's had an indwelling catheter. Further identified R26's catheter was to be covered at all times for dignity. During an observation on 2/10/25 at 11:35 a.m., R 26 was seated in his recliner in his room and R26's uncovered catheter bag was attached to the lower part of the recliner with 200 cubic centimeters- a unit of measurement for volume (CC) of clear urine in the drainage bag visible to anyone that walked by. During an observation on 2/12/25 at 12:00 p.m., R26 was lying in bed and R26's uncovered catheter was attached to the lower bed frame with about 300 cc of clear yellow urine in the drainage bag. R26's door was open, the uncovered catheter bag was visible and a visitor walked by R26's room. During an interview on 2/12/25 at 12:05 p.m., family member (FM)-A stated she was unsure if it would have bothered R26 to have his catheter drainage bag uncovered. FM-A further stated R16 was able to decide if having his catheter bag uncovered bothered him. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/12./25 at 12:10 p.m., R26 stated he would have preferred to have his catheter bag covered. During a joint interview on 2/12/25 at 12:15 p.m., nursing assistant (NA)-C and registered nurse (RN)-A verified R26's catheter drainage bag was not covered and visible to others. Verified the expectation was that R26's catheter drainage bag was covered. During an interview on 2/12/25 at 1:39 p.m., director of nursing (DON) verified R26 was able to be interviewed and had an indwelling catheter. Verified R26 required extensive staff assistance with his indwelling catheter bag. DON stated her expectation would have been R26's indwelling catheter bag would have been covered. Review of a facility policy titled Foley Catheter Management revised 1/28/25, identified proper care was to be provided for the management of a Foley catheter to drain urine from the bladder and to prevent reflux of urine back into the bladder. Identified catheter bags were to be covered at all times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48583 Based on observation, interview and document review, the facility failed to ensure a clean and sanitary environment when a visibly soiled commode bucket was stored next to a night stand for 1 of 4 residents (R25) and soiled bedpans were left out for 2 of 4 residents (R3, R42) reviewed for environment. In addition, the facility failed to store ADL supplies in a clean and discreet manner for 2 of 4 residents (R16, R25). Further, the facility failed to maintain standing lifts shared by residents in a clean and sanitary manner. Findings include: WASH BASINS & COMMODE BUCKET: R16 R16's Admission Minimum Data Set (MDS) dated [DATE], identified R16 had severe cognitive impact and diagnoses which included anxiety, depression and end stage renal disease (ESRD) (loss of kidney function). Identified R16 required extensive assist with activities of daily living (ADL's) which included toileting, transfer, and dressing. R16's care plan revised 11/14/24, indicated R25 had activities of daily living (ADLs) self-care performance deficit related to weakness. R16's goal was to receive staff assistance with ADLs, have no skin breakdown, have a well-groomed appearance, and no odor present. R16's care area assessment (CAA) dated 11/14/24, indicated R16 had congestive loss and dementia. The CAA further indicated R16 required extensive assistance with bed mobility, transfers, toileting. R25 R25's quarterly MDS dated [DATE], identified R25 had moderate cognitive impairment and diagnoses which included diabetes mellitus (DM), dementia and a pressure ulcer of the right heel. Identified R34 required moderate assistance with ADLs which included toileting, transfer, and dressing R25's care plan revised 2/1/25, indicated R25 had ADLs self-care performance deficit related to pain and weakness. R25's goals were to improve current level of function in bathing/showering and personal hygiene. R25's CAA dated 9/27/24, indicated R25 had cognitive loss and dementia. The CAA further indicated R25 required moderate assistance with bed mobility, transfers, toileting. During an observation on 2/10/25 at 12:22 p.m., R16's room (room [ROOM NUMBER]) had a pink wash basin dated 2/8/25, with R16's name written on the side sitting on the floor under the sink to the right of the doorway. The pink wash basin could be seen from the hallway when walking by. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 2/10/25 at 12:19 p.m., R25's room (room [ROOM NUMBER]) had three white unused briefs and a pink wash basin dated 2/8/25, with the initials DD written on the side sitting on the floor under the sink to the left of the doorway. The white briefs and pink wash basin could be seen from the hallway when walking by. In addition, there was a grey commode bucket with a white toilet hat (a container used to collect urine) sitting on the floor to the right of R25's night stand. There was a darkened ring on the inside of the grey commode bucket. Also, there was a flaky yellow ring, a cotton ball and a leaf inside the white toilet hat. On the right edge of the white toilet hat was a black power box with a cord plugged into the outlet and a cord going to R25's television. During an observation on 2/10/25 at 6:26 p.m., R16's room remained the same. During an observation on 2/10/25 at 7:01 p.m., R25's room remained the same. During an observation on 2/11/25 at 10:37 a.m., R16 and R25's room remained the same. During an interview on 2/11/25 at 11:20 a.m., housekeeping aid (HA)-B agreed R25 had a grey soiled commode bucket with a white toilet hat sitting on the floor. HA-B indicated it was not housekeeping's responsibility to clean the grey commode bucket up. HA-B further indicated it was the responsibility of nursing to clean the grey commode bucket. HA-B stated R25's room was cleaned and HA-B mopped around the grey commode bucket. During an interview on 2/11/25 at 11:23 a.m., nursing assistant (NA)-E agreed R25 room had a soiled grey commode bucket with a white toilet hat sitting on the floor. NA-E indicated R25 used to use the sit to stand lift and was toileted using the commode. NA-E further indicated R25 no longer used a commode. NA-E stated the grey commode bucket should have been removed when R25 no longer required the use of a commode. NA-E looked into the grey commode bucket and white toilet hat stated whatever is in there is kind of gross. During an interview on 2/11/25 at 12:20 p.m., NA-D went into R16 and R25's rooms and agreed both pink wash basins were on the floor and R25 had 3 white briefs on the floor. NA-D stated the pink wash basins and briefs are to be stored in the night stand drawers. STANDING LIFTS: During an observation on 2/10/25 12:33 p.m., one of the standing lifts located in the hallway on the memory care unit of the facility had a large amount thick amount of white substance and black/brown substance on the standing lift plate of the lift. During an observation on 2/11/25 10:51 a.m., the same lifts located in the hallway on the memory care unit continued to a large amount thick amount of white substance and black/brown substance on the standing lift plate of the lift. During an interview on 2/11/25 11:20 a.m., housekeeping aid (HA)-B stated HA-B had never cleaned the standing lift and had never been told to clean the standing lift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 2/11/25 at 11:23 a.m., NA-E stated it was housekeeping's responsibility to clean the standing lift plate. NA-E further stated cleaning of the lifts had never been nursing staffs responsibility. NA-E looked at the lift standing plate and agreed that it was dirty and needed to be cleaned. 37905 BED PANS R42 R42's MDS dated [DATE], identified R42 was cognitively intact and had diagnoses which included: diabetes mellitus, arthritis, anxiety and depression. Identified R42 was dependent on staff for oral cares, hygiene, dressing and bathing. R42's CAA dated 12/22/24, identified R42 had a self-care performance deficit related to weakness. R42's CAA identified R42's care plan would be completed for self-care deficit and impaired mobility and staff would assist with ADL completion. R42's care plan revised 1/13/25, identified R42 had an ADL self-care performance deficit related to weakness. R42's interventions included personal hygiene/oral care assist of one. R3 R3's quarterly MDS dated [DATE], identified R3 was cognitively intact and had diagnoses which included heart failure, peripheral vascular disease (restricted blood flow to limbs) and depression. Identified R3 was dependent on staff for dressing, bathing, and toileting and personal hygiene. R3's CAA dated 9/19/24, identified a toileting program would be initiated if indicated and evaluated it was appropriate at that time due to incontinence, and would continue to monitor quarterly as needed. Staff would assist with toileting needs and would follow toileting plan. Staff would review and update care plan as needed. R3's care plan revised 12/16/24, identified R3 had an ADL self-care performance deficit related to immobility and related to amputation of one lower extremity. R3 required assistance of one for toilet use, personal hygiene, dressing and bathing. During an observation and interview on 2/12/25 at 7:37 a.m., NA-F was completing morning cares for R3. In R3's and R42's shared bathroom, there was a bed pan, with some tan and brown spots on it, face up sitting on the toilet riser in the bathroom. There was a second bed pan, lying on the floor, upside down on the left side of the toilet, with the leg of the toilet riser sitting in the middle of the bedpan. The bedpan on the floor had R42's initials written on the bottom of the bedpan. NA-F verified the bed pans were left out and stated R3 and R42 both used bed pans. NA-F stated the bedpans were supposed to be stored in a clean plastic bag, either on top of a garbage can or on a shelf in the bathroom. NA-F indicated R3 and R42 did not have a garbage can in their bath room, and the shelves were too small to hold them however, they should have been in bags, put on top of a garbage can, and not left out, or left on the floor. NA-F completed R3's cares, left the room, and did not remove the left out bed pans from the bathroom. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	45844 STANDING LIFTS: During an observation on 2/10/25 at 12:24 p.m., two of the standing lifts located in the hallway on the main unit of the facility had a large area of dried, yellow/brown food like substance on the lower ends of the standing lift plate of the lifts. During an observation on 2/11/25 at 10:36 a.m., the same two lifts located in the hallway on the main unit continued to have a large area of dried yellow/brown food like substance on the lower ends of the standing lift plate of the lifts. During a joint interview on 2/11/25 at 11:01 a.m., housekeeper (HK) and nursing assistant (NA)-A confirmed the presence of a dried yellow/ brown food like substance on the lower ends of the lift plates on the two standing lifts. HK and NA-A both stated they were unsure who was responsible for cleaning the lifts. During an interview on 2/12/25 at 8:35 a.m., director of nursing (DON) stated all staff should ensure that lifts were wiped between every use including the foot plates when needed. DON stated her expectation was that all lifts would have been cleaned per policy. During a follow-up interview on 2/12/25 at 1:18 p.m., director of nursing (DON) stated expectation were for staff to put away bed pans in a bag in the resident's drawer or closet, and not to leave out or on the floor for infection control reasons. During a follow-up interview on 2/12/25 at 4:46 p.m., DON stated she was unaware of the above findings. DON stated her expectations were the wash bins and briefs were stored in the proper locations and the commode bucket was cleaned and stored in the proper location. DON further stated the white toilet hat should have been thrown away and the power box should not have been sitting on the side of the white toilet hat. Review of a facility policy titled Cleaning and Disinfection of Resident Care Equipment revised 5/8/24, identified reusable equipment such as mechanical lifts would be cleaned and disinfected after use of one resident and before use of another resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48583 Based on observation, interview and document review, the facility failed to follow the comprehensive care plan for 1 of 1 residents (R37) whose care plan was reviewed. Findings include: R37's quarterly Minimum Data Set (MDS) dated [DATE], identified R37 had severe cognitive impairment and had diagnoses which included: Alzheimer's disease, dementia, anxiety and was currently receiving hospice services. R37 required extensive assistance with activities of daily living (ADL's) which included bed mobility, transfers, and eating. R37's care plan revised 11/15/24, indicated R37 had an altered nutritional status related to dementia with a history of vascular dementia. R37 was to have soft cut up foods and pureed foods when needed. R37's intervention included: R37 was to have supervision when eating and staff were to encourage R37 to eat in the dining room sitting upright in R37's wheelchair. Review of R37 kardex undated, indicated R37 was a level four pureed, heart healthy diet and R37 required supervision with eating. It further indicated R37 was to be encouraged to eat in the dining room sitting upright in R37's wheelchair. During an observation on 2/12/25 at 8:01 a.m., R37 was laying in bed covered up with a blanket. Nursing assistant (NA)-E entered R37's room and placed R37's breakfast tray on the bedside table and left R37's room. During an observation on 2/12/25 8:03 a.m., NA-E returned to R37's room and asked R37 if he was hungry. R37 shook head up and down to answer NA-E's question. NA-E told R37 NA-E would assist R37 with eating his breakfast. NA-E set R37's bed up into an approximately 35 degree angle and moved the bedside table next to R37's bed. NA-E left R37's room to grab a straw and then returned to R37's room. NA-E continued to feed R37 breakfast in bed. When R37 was finished eating, NA-E removed R37's breakfast tray from the room. During an observation on 2/12/25 at 8:20 a.m., R37 continued to lay in his bed covered up with a blanket. R37's head of bed was lowered approximately 10 degrees and R37 remained in a slightly elevated position. R37 had finished eating and was resting prior to getting up. During an interview on 2/12/25 at 8:23 a.m., NA-E indicated R37 did not like to get out of bed until after breakfast. NA-E further indicated R37 was fed breakfast in bed. NA-E stated NA-E was not aware R37 was to be sitting upright in R37's wheelchair for all meals. NA-E further stated NA-E was unaware it was documented on R37's kardex to be up in R37's wheelchair for all meals. During an interview on 2/12/25 at 1:47 p.m., licensed practical nurse (LPN)-A stated R37 used to be sat straight up to be fed but lately staff had been feeding R37 in bed. LPN-A confirmed R37's care plan indicating R37 should have been up in R37's wheelchair for all meals. LPN-A stated R37's care plan needed to be updated to reflect the current changes for R37. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/12/25 at 4:50 p.m., director of nursing (DON) confirmed the above findings and indicated R37 did not like to get up much. DON stated R37's care plan should have been updated to reflect R37's current wishes. DON stated her expectations were care plans were updated on a continuous basis to ensure each resident was getting the care they required. Facility policy titled Care Plan - Baseline and Comprehensive revised 6/20/23, to ensure that each resident receives care individualized to him or herself and that goals and approaches for care are communicated to all parties including caregivers, the resident, and the resident's representative. Throughout the course of rehabilitation and the resident's stay in the facility, the identified risk factors, goals, interventions, and outcomes on the care plans would be evaluated at least quarterly and revised as necessary. Areas of concern that were identified during the resident assessment would be evaluated before interventions were added to the care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37905 Based on observation, interview, and document review, the facility failed to ensure oral cares were performed for 1 of 3 residents (R42) who required assistance with hygiene, and were reviewed for activities of daily living (ADL). Findings Include: R42's admission Minimum Data Set (MDS) dated [DATE], identified R42 was cognitively intact and had diagnoses which included: diabetes mellitus, arthritis, anxiety and depression. Identified R42 was dependent on staff for oral cares, hygiene, dressing and bathing. R42's Care Area Assessment (CAA) dated 12/22/24, identified R42 had a self-care performance deficit related to weakness. Identified R42's care plan would be completed for self-care deficit and impaired mobility and staff would assist with ADL completion. R42's care plan revised 1/13/25, identified R42 had an ADL self-care performance deficit related to weakness. R42's interventions included personal hygiene/oral care assist of one. During an interview on 2/10/25 at 1:15 p.m., R42 indicated staff had never once asked her to wash her mouth out. During a follow up interview on 2/12/25 at 7:11 a.m., R42 indicated staff did not do any oral cares, including offering oral swabs or mouthwash and she would like that. R42 stated her dentures were at home. During an observation on 2/12/25 at 7:18 a.m., nursing assistant (NA)-F entered the room wearing gown and gloves. At 7:21 a.m. NA-G entered the room also wearing gown and gloves. NA-F folded up a blanket and placed in chair as R42 requested, then NA-G and NA-F assisted R42 from her bed to recliner with a mechanical lift. NA-G left the room with the lift, then NA-F assisted R42 by combing her hair, getting her a box of facial tissues and her call light. NA-F stated they were done with cares and exited the room. During an interview on 2/12/25 at 10:11 a.m., NA-H indicated R42 had a lot of anxiety, would have panic attacks, and required total assistance from staff. During a phone interview on 2/12/25 at 1:30 p.m., NA-F stated R42 did not have any dentures, and she completed oral cares only when R42 asked and stated otherwise R42 just drank water. NA-F indicated she had only completed oral cares for R42 maybe twice since she had been admitted . NA-F indicated she had not provided R42 oral cares that morning. NA-F indicated she was unaware of what oral cares should have been done when residents wore dentures. During an interview on 2/12/25 at 2:03 p.m., director of nursing (DON) stated expectation for oral cares were for staff to be complete every morning and at bed time. DON stated if residents wore dentures, she would expect the dentures be brushed and oral cares be completed with a toothette (sponged oral swab) with mouthwash or have them swish and spit, to remove food and buildup, which could cause mouth sores and for their dignity. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy titled Oral Assessment And Management revised 3/13/24, identified every resident would have a complete, accurate and comprehensive assessment of oral status and needs. The residents' care plans would include assistive oral care devises, and would include alternative means to address the needs identified in the assessment process if a resident refused oral care. The policy did not include instructions for oral cares.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48583 Based on observation, interview and document review, the facility failed to provide meaningful and engaging activities for 1 of 1 residents (R37) reviewed for activities. Findings include: R37's quarterly Minimum Data Set (MDS) dated [DATE], identified R37 had severe cognitive impairment and had diagnoses which included Alzheimer's disease, dementia, anxiety and was currently receiving hospice services. R37 required extensive assistance with activities of daily living (ADL's) which included bed mobility, transfers, and toileting. R37's care area assessment (CAA) dated 9/16/24, indicated R37 had concerns with cognition and dementia. R36's CAA further indicated R36 did not communicate often and was not responding to conversations as much. R37's care plan revised 11/15/24, indicated R37 had a diagnosis of frontotemporal and vascular dementia with a history of alcoholism with limited R37's ability in leisure involvement. R37's goals were to maintain leisure abilities by actively engaging in structured leisure opportunities once daily three days a week. It further indicated R37 enjoyed music, games, music trivia and animals. Staff interventions were to break down tasks, give praise and provide music in R37's room. R37's care plan conference summary dated 1/21/25, stated R37's spouse offered additional activities that R37 would enjoy. These activities included, music (country, 50's and 60's), one to ones, and conversations. R37's spouse requested staff communicate with R37 even if R37 did not respond. R37's Kardex undated, indication R37 enjoyed music and singing and preferred to listen to music in room instead of coming out to join a group of people. Review of weekly memory care activities schedule for 2/9/25 through 2/15/25, revealed the following: -Monday 2/10/25: 10:00 Card Game: Uno. 10:30 Exercise: Morning Stretches. 11:00 Building Legos. 1:30 Folding Towels. 2:30 Daily Chronicles with Beverages. -Tuesday 2/11/25: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	10:00 Folding Towels. 10:30 Exercise: Morning Stretches. 11:00 Pattern Shape Blocks. 1:30 Movie: [NAME] and Hooch. 2:30 Daily Chronicles with Beverages. -Wednesday 2/12/25: 10:00 Card Game: Go Fish. 10:30 Exercise: Morning Stretches. 11:00 Manicures. 1:30 Bingo. 2:30 Daily Chronicles with Beverages. During an observation on 2/11/25 at 2:12 p.m., R37 was sitting in his recliner in his room with his feet elevated and the television was on. Activities were not offered as noted on activity schedule. During an observation on 2/11/25 at 3:45 p.m., R37 continued in the same position as noted above. Activities were not offered as noted on activity schedule. During an observation on 2/12/25 at 1:41 p.m., R37 was sitting in his recliner in his room with his feet elevated and the television was on. R37's television was faced towards the bed and R37 was not able to see the tv. Activities were not offered as noted on activity schedule. During an observation on 2/12/25 at 1:57 p.m., bingo was being offered in the activity room on the memory care unit. R37 remained in his recliner in his room and was not offered to attend bingo. R37's television remained facing away and R37 was not able to see the television. During a telephone interview on 2/10/25 at 4:27 p.m., family member (FM)-A stated R37 sat in his room most of the time. FM-A also stated it had been requested by FM that staff play music and read to R37 during the day. FM-A indicated FM-A had requested the facility to get R37 a white board to help communicate with R37 as R37 had difficulties speaking. FM-A further indicated R37 did not have a white board as requested. During an interview on 2/12/25 at 8:23 a.m., nursing assistant (NA)-E stated activity aids were responsible for the actives on the memory care unit. NA-E further stated activities seldom happened on the memory care unit. NA-E indicated nursing staff were told they needed to complete activities on the unit however, nursing staff did not have the time to complete them. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/12/25 at 8:30 a.m., NA-I stated many times activities did not occur on the memory care unit. NA-I stated there was an activities schedule posted however, often times activities did not get completed. NA-I further stated nursing staff were told they could complete activities however, nursing staff did not have the time to complete activities. During an interview on 2/12/25 at 2:42 p.m., activity director (AD) indicated activity aids were responsible for completing activities on the memory care unit. AD further indicated at times activities did not get completed due to being short staffed. AD stated there was no documentation regarding activities and when residents were invited or attended. AD further stated she would be working on ensuring activities were completed as posted on the memory care unit. During an interview on 2/12/25 at 4:50 p.m., director of nursing (DON) confirmed the above findings and stated she was not aware activities were not being completed on the memory care unit. DON further stated her expectations were that all residents be invited to activities and activities were being completed as scheduled. DON indicated her plan was to have a full time activity aid on the memory care unit from 9am to 5pm Monday through Friday. DON further indicated activities were important especially on the memory care unit. Facility policy titled Activities issued 2/28/20, the facility will provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49620 Based on interview and document review, the facility failed to ensure sufficient staffing to provide routine and assessed needs for toileting for 2 of 2 residents (R3) who resided on the main level and (R41) who resided on the memory care unit. In addition, 2 of 3 family members (FM-A, FM-B) voiced concerns with inadequate number of staff to provide resident care/needs for (R37, R41). Further, 4 of 4 residents (R3, R14, R20, R30) and 5 of 5 staff members (NA-E, NA-H, NA-I, AD, LPN-A) voiced concerns with the lack of sufficient staff in the facility. This deficient practice had the potential to affect all 49 residents who resided in the facility. Findings include, Refer to F565 R3, R14, R20, R30 During a resident council meeting on 2/11/25 at 11:01 a.m., R3, R14, R20, and R30 voiced wait time for staff to answer a call light was at least one and half hours at times. The residents further stated staff may come and turn off the call light and say they would return however, do not come back. During an interview on 2/12/25 at 1:56 p.m., licensed practical nurse (LPN)-A stated the facility worked short staffed every weekend and at least twice a week Monday through Friday. LPN-A further stated the facility would have staff float (work in a different area) than originally assigned due to staff call-ins or an open shift resulting in resident cares taking longer to complete or longer to answer call lights. LPN-A verified the facility utilized agency staff at times and rarely mandated staff to work. LPN-A confirmed it was exhausting to work short staffed and tough on the residents. During an interview on 2/12/25 at 3:38 p.m., scheduler stated staffing levels were determined on resident acuity and census. Scheduler further stated staff would float to other areas of need within the facility if there was a call-in or scheduled short staff instead of mandating staff to cover the open shift. Scheduler verified the facility utilized supplemental nursing agency staff at times. Scheduler confirmed the facility had 61 call-ins in the past 30 days and even though 61 call-ins sounded like a lot, that was an average number of call-ins for the facility. Scheduler verified the following model was used when scheduling staff: Memory Care first floor; -Day shift two nursing assistants (NA), one nurse. -Evening shift two NA's and one nurse. -Night shift one NA and one nurse. Second floor; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Day shift three NA's and two nurses. -Evening shift three NA's an two nurses. -Night shift two NA's and one nurse. Scheduler further verified the current staffing hours; -Day shift 6:00 a.m., to 2:30 p.m. -Evening shift 2:00 p.m., to 10:30 p.m. -Night shift 10:00 p.m., to 6:30 a.m. Review of the facility master schedule identified on a weekly basis less than the facility recommended staffing levels: Memory Care first floor; -Five out of seven days on 1/12/25 through 1/18/25. -Seven out of seven days on 1/19/25 through 1/25/25. -Five out of seven days on 1/26/25 through 2/1/25. -Six out of seven days on 2/2/25 through 2/8/25. -Six out of seven days on 2/9/25 through 2/15/25. Second floor; -Seven out of seven days on 1/12/25 through 1/18/25. -Seven out of seven days on 1/19/25 through 1/25/25. -Six out of seven days on 1/26/25 through 2/1/25. -Six out of seven days on 2/2/25 through 2/8/25. -Seven out of seven days on 2/9/25 through 2/15/25. Review of the facility call light alarm response report 1/28/25 through 2/11/25, identified the following: -fifteen and twenty minutes: 135 times. -twenty and thirty minutes: 136 times. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-thirty and forty minutes: 62 times. -forty and fifty minutes: 24 times. -fifty minutes and one hour: 11 times. -one hour and one and a half hours: 17 times. -one and a half hours and two hours: four times. -over two hours: two. A resident call light was on for two hours and forty seven minutes and another call light was on for two hours and twenty five minutes. 37905 R3 R3's quarterly MDS dated [DATE], identified R3 was cognitively intact and had diagnoses which included heart failure, peripheral vascular disease (restricted blood flow to limbs) and depression. R3's MDS also identified R3 was dependent on staff for dressing, bathing, and toileting and personal hygiene. R3's CAA dated 9/19/24, identified R3 was dependent for toileting hygiene, to shower/bathe self, upper and lower body dressing, and required substantial/maximal assistance with personal hygiene. Staff would review and update care plan as needed. R3's care plan revised 12/16/24, identified R3 had an activities of daily living (ADL) self-care performance deficit related to immobility and related to amputation of one lower extremity. R3 required assistance of one for toilet use, personal hygiene, dressing and bathing. During interview on 2/10/25 at 2:13 p.m., R3 indicated she had concerns with sufficient staffing and stated last week in the afternoon, staff assisted her onto a bed pan. R3 stated she had put her light on to be removed from the bed pan, but they did not answer her call light for four hours. Review of the facility call light alarm response report dated 1/28/25 through 2/11/25, identified the following: -2/2/25 at 5:23 p.m., R3's rooms call light on for two hours and forty seven minutes. -call lights for R3's room were not answered for longer than fifteen minutes multiple times. Refer to F584 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 2/12/25 at 9:48 a.m., nursing assistant (NA)-H stated she felt they were not able to get all cares done due to staffing. NA-H indicated they tried their best to get all residents repositioned, and checked on, but felt they did not have time to get everything done, including do the cares the way the would like to do them, or straighten up the rooms. NA-H stated their call lights were heavy and if NA-H was unable to answer the light, she would ask for help. NA-H stated she had noticed a call-light had been going off earlier for a half an hour, so she let the resident know they were on their way. NA-H indicated some staff would never answer a call light, and the floor nurses usually did not answer call lights. NA-H stated some nurses were good to assist the nursing assistants with cares such as transfers however, others would not. NA-H gave an example, a nurse came to tell them while they were providing cares to a resident, that another resident wanted a drink of water, instead of getting them a drink of water themselves, which she felt was frustrating. 48583 Refer to F679 R37 During a telephone interview on 2/10/25 at 4:27 p.m., family member (FM)-A stated R37 spent a lot of time in R37's room throughout the day and FM-A did not feel the facility had the staffing to meet each residents needs on the memory care unit. During a telephone interview on 2/10/25 at 4:59 p.m., FM-B stated FM-B on a few occasions over the past couple months, had came to see R41 and had to assist R41 in the bathroom. FM-B further stated R41 had been left in the bathroom at times due to not having enough staff to assist R41 while R41 was using the restroom. FM-B indicated R41 was a high fall risk and FM-B felt R41 was going to have another fall because the unit was understaffed. R41 was to be monitored at all times due to several previous falls. During an interview on 2/12/25 at 8:23 a.m., nursing assistant (NA)-E indicated activities aids were responsible for completing activities on the memory care unit but at times activities did not get completed. NA-E further indicated nursing staff had been told they were responsible to complete activities but stated nursing staff did not have the time or staff to complete activities. NA-E stated nursing staff did not have the staff to meet the needs of the residents in the memory care unit. NA-E further stated nursing staff were not able to complete all their required tasks because the unit was usually short staffed. NA-E indicated there were times when the memory care unit had one NA and one nurse because the second NA had been pulled to another floor. NA-E there were times when the facility only had three NAs on staff at one time. NA-E stated nursing staff had to ask for help but it usually did not change anything. NA-E further stated nursing staff did not have enough staff to answer call lights in a timely manner. NA-E indicated residents had long wait times due to short staffing. NA-E stated nursing staff did not have time to complete exercises with residents and often did not have time to walk residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 2/12/25 at 8:30 a.m., NA-I stated there were many times when NA-I was the only NA on the floor to care for all the residents. NA-I further stated if other floors were short staffed or there was a call in, a NA would be pulled from the memory care unit to help on that floor. NA-I indicated the weekends were worse for staffing. NA-I stated nursing staff were not able to get their tasks completed because nursing was constantly working short staffed. NA-I indicated nursing staff were not able to complete the interventions for residents because of working short staffed. NA-I stated if activities aids did not complete activities, nursing staff were responsible to complete them. NA-I stated nursing staff did not have the time to complete activities especially when one staff had been pulled to another until. NA-I further stated residents did not have exercises and were not walked because of being short staffed. During an interview on 2/12/25 at 2:42 PM activity director (AD) indicated AD was trying to ensure activities were being completed on the memory care unit but AD did not have enough staff at all times. AD further indicated AD was working on getting more staff so activities could be done consistently on the memory care unit. During an interview on 2/12/25 at 1:18 p.m., director of nursing (DON) stated they would like call lights to be answered within 10 minutes. DON stated an hour on a bed pan could feel like four hours, and R3 was lucky she did not have skin breakdown if was left on the bed pan that long. DON stated it was the facility's expectation that everybody answer call lights, and indicated all staff could not do the cares needed, but all staff could answer the call lights. During a follow-up interview on 2/12/25 at 5:06 p.m., DON stated the facility would float staff from a scheduled area to a different area of need within the facility resulting in staffing shortages. DON stated the expectation would be the schedule would be complete rather than float staff to other areas of need and the expectation would be to mandate staff to work until the facility could get someone else to cover the shift instead of working short staffed. Review of the facility Call Light Use and Response policy, revised 7/18/23, DON verified the expectation that call lights were to be answered promptly within ten minutes. DON confirmed that it was important to have sufficient staff to answer call lights promptly to ensure resident care was completed timely and safely. During an interview on 2/12/25 at 5:35 p.m., administrator verified the facility assessment updated 9/5/24, had a contingency staffing plan to utilize contract/agency staff and all nursing staff including nursing management would be the back-up to work the floor due to inclement weather or other incidents. A facility policy titled Sufficient Staffing, revised 10/19/23, identified the facility would have sufficient qualified nursing staff available at all times to provide nursing and related service to meet the residents' needs safely and in a manner that promoted each resident's rights, physical, mental and psychosocial well-being. The policy further identified daily reviews of staffing patterns would be completed by the scheduler, human resources, administrator, and director of nursing. Nursing direct care staffing ratios would be recalculated based on census and level of care needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45844 Based on observation, interview and document review, the facility failed to maintain sanitary conditions for mechanical lifts for 2 of 2 residents (R20, R31) observed who used a mechanical lift. In addition, the facility failed to implement hand hygiene for 3 of 3 residents (R1, R3, R20) observed during cares. In addition, the facility failed to ensure safe delivery of beverages during dining observation. In addition, the facility failed to ensure proper signage for 1 of 3 residents (R25) observed for enhanced barrier precautions (EBP) (an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities). Findings include: LIFTS AND HAND HYGIENE R20, R31 During an observation on 2/10/25 at 1:12 p.m., nursing assistant (NA)-A took the mechanical lift without sanitizing it before into R20's room. NA-A and NA-B R20 hooked R20's lift pad to the lift and lifted R20 out of the wheelchair and placed R20 into her recliner and unhooked R20's lift sheet from the mechanical lift. During the transfer, R20 touched the mechanical lift. NA-A took the mechanical lift into R31's room. NA-A and NA-B did not sanitize their hands or the mechanical lift During an observation on 2/10/25 at 1:18 p.m., NA-A and NA-B assisted R 31 to roll onto her side while touching R31's back. NA-B placed the hoyer sheet under R31. NA-A and NA-B hooked the hoyer sheet to the mechanical lift and lifted R31 into her wheelchair. During the transfer,r both R31's arms came into contact with the lift. NA-A and NA-B unhooked the hoyer sheet from the mechanical lift. NA-A took the mechanical lift into the hallway and walked to R1's room with the mechanical lift. NA-A and NA-B did not sanitize their hands or the mechanical lift. During a joint interview on 2/10/25 at 1:28 p.m., NA-A and NA-B verified they had not sanitized their hands or the mechanical lift after assisting R20 and R31. NA-A and NA-B both stated they should have sanitized their hands and the lift to prevent the spread of infection. NA-A stated she would sanitize the lift prior to using it for R1. 37905 R3 R3's quarterly Minimum Data Set (MDS) dated [DATE], identified R3 was cognitively intact and had diagnoses which included heart failure, peripheral vascular disease (restricted blood flow to limbs) and depression. R3's MDS also identified R3 was dependent on staff for dressing, bathing, and toileting and personal hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R3's Functional Abilities Care Area Assessment (CAA) dated 9/19/24, identified R3 was dependent for toileting hygiene, to shower/bathe self, upper and lower body dressing, and required substantial/maximal assistance with personal hygiene. Staff would review and update care plan as needed. R3's care plan revised 12/16/24, identified R3 had an activities of daily living (ADL) self-care performance deficit related to immobility and related to amputation of one lower extremity. R3 required assistance of one for toilet use, personal hygiene, dressing and bathing. During observation on 2/12/25 at 7:37 a.m. nursing assistant (NA)-F, wearing a gown and gloves, was assisting R3 while in bed with morning cares. NA-F had a basin of water on bedside stand next to R3's bed, rinsed it out with water, then offered the washcloth to R3 to wash her face and offered her a towel to dry. NA-F proceeded to remove R3's shirt, washed R3's chest and underarms with soap and water and used a washcloth to dry the areas. NA-F assisted R3 to apply a sweater top and asked R3 if she wanted lotion on her leg, which R3 said yes. NA-F applied lotion with her gloved hands to R3's foot and leg and asked her if she wanted any on her hands. NA-F did not sanitize hands or apply new gloves and NA-F applied lotion to R3's hands. NA-F assisted R3 to roll to her side, after unfastening R3's brief tabs. NA-F proceeded to use the soap and water from basin on the washcloth, and proceeded to wash R3's perineal area. NA-F then proceeded with same washcloth used on perineal area, to wipe buttocks, wiped incision scar area and wiped away the ointment from that area. NA-F did not sanitize hands or change gloves after washing R3's perineal area, or change washcloth. NA-F called for a nurse to come to room using her walkie talkie, while she wore the same gloves. At 7:47 a.m. registered nurse (RN)-A entered the room wearing gown and gloves and applied powder to R3's skin folds. RN-A removed gloves, washed hands, applied new gloves, then applied an ointment to R3's incision scar. NA-F continued to wear same gloves, applied a new brief to R3, pulled up R3's pants and placed a mechanical lift sling under R3. NA-F called for assistance to come to the room for transfer assistance using her walkie talkie. NA-F took R3's basin to the bathroom, and put R3's soiled linen in a bag. At this point, NA-F removed her gloves and sanitized her hands. NA-F informed R3 she was going to leave to get the mechanical lift. At 7:58 a.m. NA-F returned to room with the mechanical lift after applying a gown and gloves. NA-F assisted R3 to put in her dentures, removed her gloves and applied new gloves. NA-F did not sanitize her hands between glove use. At 8:09 a.m. NA-H entered the room wearing a gown and gloves and NA-F and NA-H assisted R3 from her bed to her wheelchair using a mechanical lift. During a phone interview on 2/12/24 at 3:54 p.m., NA-F indicated her usual practice was to change her gloves after assisting residents after washing, before brushing their teeth, or if they had to apply a cream. NA-F indicated it was a habit to just leave on the gloves during resident cares. NA-F confirmed she left the same gloves on while assisting R3 with bathing, lotion application, perineal cares, and dressing. NA-F also verified she had washed R3's perineal area and washed R3's incision area with same gloves and washcloth. NA-F stated she had not received any education on how to wash using clean to dirty, verses dirty to clean areas. NA-F indicated not sanitizing hands or changing gloves when needed could be a problem, because the gloves and hands could be considered soiled. 48583 EPB: According to the Centers for Disease Control and Prevention (CDC) dated 4/2/24, EBP are required for residents who receive wound care: any skin opening requiring a dressing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R25 R25's quarterly MDS dated [DATE], identified R25 had moderate cognitive impairment and diagnoses which included diabetes mellitus (DM), dementia and a pressure ulcer of the right heel. Identified R34 required moderate assistance with ADL's which included toileting, transfer, and dressing R25's care plan revised 2/1/25, indicated R25 had an alteration in skin integrity related to pressure. Care plan directed staff to administer treatments and assess/monitor skin integrity weekly. R25's care plan lacked documentation related to R25 being on EBP. R25's comprehensive CAA dated 9/27/24, indicated R25 had an unhealed pressure ulcer on the right heal. The CAA further indicated R25 required moderate assistance with bed mobility, transfers, toileting. R25's wound assessment dated [DATE], identified R25 had a pressure ulcer that measured 1.5 centimeters (cm) by 1.9 cm by 1.4 cm. The wound assessment further indicated R25's pressure ulcer had moderated exudate (fluid released from the wound) and it was unknown how R25 obtained the pressure ulcer. During an observation on 2/10/25 at 12:19 p.m., there was no PPE located near R25's room for staff to wear while providing care for R25 (who was on EBP). Further, there was no sign to identify R25 was on EBP. During an observation on 2/10/25 at 7:01 p.m., a three drawer bin containing PPE was located outside R25's door for staff to wear while providing cares for R25 (who was on EBP). Further, there was a sign attached to R25's door that identified R25 was on EBP and provided guidance on what PPE staff were required to wear while providing cares for R25. During an interview on 12:20 p.m., NA-D stated R25 had a wound on her right heel and R25 was on EBP. 49620 DINING OBSERVATION During an observation on 2/10/25 at 4:40 p.m., dietary aide (DA)-A and (DA)-B delivered two food carts to the memory care unit and placed them near the kitchenette area. The food carts were setup with a tray for each resident labeled with the resident name, food preferences, silverware and meal. DA-B removed two clear plastic drink glasses from the kitchenette area, filled the glasses with juice, milk or water and carried the glasses holding the top rim with his bare hands back to the tray on the cart. DA-B removed a coffee cup from the kitchen, filled the coffee cup with coffee and carried the cup holding the top rim with his bare hands back to the tray on the cart. DA-B filled a glass with milk, handed the glass to DA-A who proceeded to carry the glass holding the top rim with her bare hands back to the tray on the cart. DA-B filled another glass with juice, handed the glass to DA-A who proceeded to carry the glass holding the top rim with her bare hands back to the tray on the cart. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245581	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fair Oaks Nursing & Rehab LLC	201 Shady Lane Drive Wadena, MN 56482

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 2/10/25 at 4:56 p.m., DA-A and DA-B confirmed they both touched the top rim of the glasses with their bare hands and DA-B confirmed he touched the top rim of the coffee cup with his bare hands. DA-A and DA-B stated this practice could spread bacteria to the residents and cause illness. During an interview on 2/10/25 at 5:04 p.m., dietary manager (DM) confirmed the expectation of staff was to hold onto the handle of a coffee cup and to not touch the rim of the glasses or coffee cup with bare hands. DM verified that was important not to touch the top rim of glasses to prevent cross contamination and the spread of germs. Review of facility policy titled Hospitality and Dining Services effective 1/1/20, indicated the facility would provide safe and sanitary storage, handling and consumption of all foods. The policy indicated servers would handle eating utensils and plates, utilizing sanitary precautions; glasses handled by base, flatware by handles, plates kept away from clothing or aprons when serving. During an interview on 2/11/25 at 2:38 p.m., infection preventionist (IP) verified R25 should have been on enhanced barrier precautions. IP stated her expectation was that proper signage was posted for all residents on transmission based precautions(TBP), lifts were sanitized between residents, hand hygiene to be performed when appropriate and staff not to touch the top of glasses during meal service to prevent the spread of infection. During an interview on 2/12/25 at 8:31 a.m., director of nursing (DON) verified mechanical lifts were to be sanitized between residents. Further verified staff were to sanitize hands when appropriate. DON stated her expectation was that lifts were sanitized between residents and hand hygiene was performed to prevent the spread of infection. During a follow-up interview on 2/12/25 at 4:43 p.m., DON stated her expectation was that staff washed their hands before and after glove use. DON also stated she would expect gloves to be changed after going from a dirty task, such as changing a brief. DON stated residents should always be washed from clean to dirty, and to use different gloves and wash cloths for infection control purposes. During a follow-up interview on 2/12/25 at 5:01 p.m., DON indicated she was unaware R25 did not have an EBP sign on the door and no PPE near R25's room prior to 2/10/25 at 7:01 p.m. DON indicated R25 was to be on EBP due to the open wound. Review of a facility policy titled Disinfection of Resident Care Equipment revised 5/8/24, identified Reusable equipment will be cleaned and disinfected after use of one resident and before use of another resident Review of a facility policy titled Hand Hygiene revised 5/8/24, identified Staff will perform hand hygiene by washing hands for at least twenty (20) seconds with antimicrobial soap and water should be performed after providing direct resident care. Review of a facility policy titled Personal Cleanliness and Hygienic Practices revised 11/28/22, identified all plates, utensils and drinking cups would be handled in a way to avoid touching eating surfaces.